

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

09/04/958

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		0		1			55						
6		0		1			56						
7		0		1			57						
8		0		1			58						
9		0		1			59						
10		0		1			60						
11		0		1			61						
12	1		1				62						
13		1		1			63						
14		2		1			64						
15		2		1			65						
16				1			66						
17				1			67						
18				1			68						
19				1			69						
20				1			70						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.	17		18				TOTAL DEP.						
TOTAL CLAIMS	19		20				TOTAL CLAIMS						

BEST AVAILABLE COPY